



BOARD FOR PROFESSIONAL ENGINEERS AND LAND SURVEYORS

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www.dca.ca.gov/pels



For Office Use Only

Receipt Date _____

ID Number _____

Payer Number _____

REFILE APPLICATION

Dear Applicant:

If you wish to refile for the _____ examination, please complete the bottom portion
(month/year)

of this form and return the entire page along with the **required refile fee** (\$60 for EIT/LSIT, \$175 for PE/PLS) to the Board's mailing address listed above. Checks must be made payable to the **Department of Consumer Affairs**.

Once the Board processes your application, you will receive an admission notice two to three weeks before the examination date. You will be assigned to the closest available test site based upon zip code. If you would prefer another test site, you must notify us in writing when you submit your application.

If you observe a religious practice which might prevent you from taking the examination(s) on the dates shown on the examination schedule, and/or have a disability which might require a special accommodation, please mark below.

___ Religious Practice

___ Disability

(PLEASE PRINT)

Your Name: _____ ID Number _____

Discipline: _____ Amount Enclosed: _____

Home Phone: () - _____ Business Phone: () - _____

Birthdate: / / _____ Social Security Number: - - _____

Signature: _____ Date: / / _____

E-Mail: _____

Please type any **change** to your name or address below:

New Name: _____

New Address: _____